What is the cause of racial and ethnic inequities in health? Culture can drive some of the inequities directly through health beliefs and behaviors, or indirectly through institutions that are not culturally competent. Race and class, as socially stratifying forces, can drive inequities in education, resources, and health care. The dynamics of race, class, and culture in health are particularly evident among the elderly since they have been exposed to these influences for many years. This course examines the diversity among the older population in health status, health beliefs/behaviors, and health care, to explore the interaction of culture and structure as determinants of their life chances. The empirical literature used in the course is drawn from the experiences of aging of African-American, Latino, and Asian-Pacific Islander elderly.

**Required Books**

There are no required books and all of the readings are available electronically. Readings not linked from the syllabus will be available on the course’s moodle page.

If you want paper copies of the readings, Westwood Copies, 1001 Gayley Ave (corner of Weyburn, 310-208-3233) has a complete CD on file that you can use to make a personal copy of the reading.

Useful data reports to download:


**Course Objectives:**

1) to develop an understanding of the relationship between aging, minority status, culture, and health in the contemporary United States.
2) to acquire significant knowledge of the academic literature on health and aging for ONE minority group.
3) to expose students to the personal experience of aging in a minority group through the process of collecting life histories.
4) to foster a personal understanding of the links between the biographies of minority elderly and the social history that shapes their health.
Course Requirements:

1) **Discussion questions**/class participation. This course is organized as a working seminar. Given the limited amount of course time, it is impossible for everyone to familiarize themselves with all of the groups. Therefore, each class member will pick one group (African-American, Latino, or Asian-Pacific) and focus on the readings concerning that group where there are “addition readings” and for the written assignments. For each class period, each person will email one discussion question per reading (including the group specific readings) -- the day before (9pm for email).

Everybody who makes an honest effort on the questions gets a check (full credit). Incomplete or mechanical questions get a "minus" (half credit). A particularly insightful, synthetic, or discussion-provoking SET of questions gets a plus (extra credit). For students whose final grade is borderline (e.g. A versus A-), the score on the discussion questions will be the deciding factor by counting towards your class participation grade.

2) **Health Disparity Fact Sheet**. For the group that you have chosen (above), write a 2 page fact sheet on one aspect of health disparities for the elderly in group. For an example see [http://www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=101](http://www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=101). The goal is to obtain data on an issue (health status, health risk, and/or health service) and present information that documents a disparity. End with brief suggestions about solutions. The best source for data is the California Health Interview Survey since you can use that data query system to look on-line for the health indicator you want (you can also look at income, poverty, education). Go to [http://www.chis.ucla.edu](http://www.chis.ucla.edu) and click on “askCHIS.” You need to register, then can go and select your variables. A less user-friendly site for U.S. data is at [http://www.cdc.gov/nchs/hdi.htm](http://www.cdc.gov/nchs/hdi.htm). For published data you can also look at the National Healthcare Disparities Report (see previous page). You should have at least two tables and a few (3-5) references in addition to referencing the data. Your table labels should be clear enough for someone else to be able to reproduce the tables from the data source. Those earning an A or A- will be posted (with full credit) on the RCMAR website, [http://www.rcmar.ucla.edu](http://www.rcmar.ucla.edu). See end of syllabus for format details.

Grading criteria include: it clearly identifies a disparity, is technically accurate, is well written and understandable to a nonacademic audience, and reflects creative and/or critical thinking on the issue.

3) **Life History Interviews**. Conduct life histories with at least three older persons from the group you have selected. You can obtain respondents from any source, including senior centers, adult day health centers, relatives, or other sources. These interviews should be recorded. (At least) one interview that you feel is most informative must be transcribed, with no or minimal editing (except for replacing any names used with initials or pseudonyms). For the other interviews you will prepare 3-4 page
summaries (in your own words) of the interviews. You will also hand in the recordings and consent forms of the interviews. All respondents must be given the information forms provided. **Do not begin interviewing until after the class on interviewing.**

The TRANSCRIBED interview will be due during a class period in the last half of the quarter and are to be posted on the course website. The whole class will read the transcript and discuss it as a case study to practice analyzing interviews and to provide case data to illustrate the course's topics. Be prepared to provide a brief summary of the key themes discussed in the interview, discuss what is particularly Latino/ African-American/ Asian about their life story, and point out one structural and one cultural factor that were/are important in creating their current quality of life.

The summarized interviews are given the instructor and posted on the course website during the last week of class. Grading criteria include the interview covering all the topics you chose with adequate depth, good interviewing style (e.g. few or no leading questions, appropriate probing, good rapport), appropriate length.

4) **Life History Analysis.** Taking the interviews that you have conducted and the others circulated in class for your group, identify and illustrate common themes that affect health issues in the elders' lives. Construct this paper around the themes rather than around the individuals. For example, if the central themes of the paper are work and family, then talk about their experiences in these areas and how those aspects of their lives affect their current health and well-being. Use examples from the various interviews to illustrate the analysis. In addition to the theme(s) you present in your analysis, include a discussion of the roles of structure and culture in shaping the health of the elders you interviewed. You can include additional published literature that is not covered in class (but this is optional). You must cite readings from the class (including group specific readings) when appropriate in your discussion.

See guidelines to the writeup at the end of the syllabus. Be sure that your analysis includes both references to the literature AND data from the respondents. Try to use interview data to provide their “voice” in your paper. Interview data can either be summarized, paraphrased, or direct quotes from the interviews (or a mixture of those). Be sure to end the paper with a summary that recaps the general “story” that your paper is telling. This assignment should be about 12-15 pages. Grading criteria include how well the introduction to the paper establishes the topic/significance, how completely it identifies and develops 2-3 themes, how well the data are used to support that analysis, if there is an appropriate use of the literature, how well the culture versus structure forces are explained, plus the overall quality of the writing and its originality.

**Grading:**  
Fact sheet - 30%  
Life History Interviews - 15%  
Life History Analysis - 40%  
Class Participation - 15%  

**Due:**  
January 28  
one during quarter, two by March 11  
March 16  
weekly
1. **January 5: Overview of the course**

   Introduction and overview of the course
   Discussion of racial identity, disparities/equity

2. **January 7: Racial & Ethnic Health - Difference or Disparity?**


3. **January 12: Contributors to the Health Status of Minority Elders**


4. **January 14: The Context of Health and Aging**

5. **January 19: Research in Minority Communities**


read one of the following:

**African Americans**


**Latinos**

**Asian-Pacific**

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6. **January 21: Structure versus Culture - I**


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7. **January 26: Structure vs. Culture - II**


8. **January 28: Theories of Race & Ethnicity** [Fact sheets due]


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**Latino**

**Asian-American**

**African-American**

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9. **February 2: The Social Construction of "Old Age" and Health**
http://www.stpt.usf.edu/~jsokolov/webbook/fry.pdf

http://muse.jhu.edu/journals/canadian_journal_on_aging/v024/24.1chapman.pdf
read one of the following:

**African American**
http://psychsoc.gerontologyjournals.org/cgi/reprint/60/4/S214

**Latino**
http://www.springerlink.com/content/ndxqyd8h9517bv4h/fulltext.pdf

**Asian-Pacific**

10. **February 4: Life Course Approaches**

11. **February 9: Family and Health**
read one of the following:

**African American**

**Latinos**

**Asians**

12. **February 11: Family Caregiving - I**
[http://www.caregiving.org/data/FINAL_EthnicExSum_formatted_w_toc.pdf](http://www.caregiving.org/data/FINAL_EthnicExSum_formatted_w_toc.pdf)


Read one of the following:

**African American**

**Latinos**

**Asians**
13. **February 16: Family Caregiving Issues - II**


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Read one of the following:

**African American**


**Latinos**


**Asians**


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14. **February 18: Community and Society**


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15. **February 23: Community and Society - II**


16. **February 25: Historical Contexts**


Read one of the following:

**Asians**


**Latinos**


**African American**


17. **March 2: Long-term care**


18. **March 4: Health Care Systems**


19. **March 9: Reducing Disparities**


20. **March 11: Race, Ethnicity & Public Policy** [interview summaries due]


**March 16 (Tuesday, 5pm): Final papers due**
On Aging*

by Maya Angelou

When you see me sitting quietly,
Like a sack left on the shelf,
Don't think I need your chattering.
I'm listening to myself.
Hold! Stop! Don't pity me!
Hold! Stop your sympathy!
Understanding if you get it,
Otherwise I'll do without it!

When my bones are stiff and aching
And my feet won't climb the stair,
I will only ask one favor:
Don't bring me no rocking chair.

When you see me walking, stumbling,
Don't study and get it wrong
'Cause tired don't mean lazy
And every goodbye ain't gone.
I'm the same person I was back then,
A little less hair, a little less chin,
A lot less lungs and much less wind.
But ain't I lucky I can still breathe in.

Fact Sheet Guidelines

1. Format the sheet to no more than two pages, single spaced, no smaller than 10 point font. Two columns is usually easier to read, but not necessary.

2. Put a heading that briefly identifies the disparity you are focusing on. Include your name at the bottom of the second page (prepared by: Your Name, date).

3. Your first paragraph should be the “conclusion” of the fact sheet. Explain what the disparity is and why it is important.

4. Use subheadings to lead the reader through your supporting argument.

5. Be sure the titles on graphs/charts let the reader understand the message of the data independently of the narrative in the fact sheet itself. In the chart title, name the topic, age group involved, geography, and year(s) of the data.

6. Call out the chart in the text, e.g. Latino elders have the highest rate of diabetes (Table 1).

7. Be consistent and clear with what your comparison group is for identifying a disparity.

8. Charts are best created in Powerpoint or Excel and then cut/pasted (use edit, paste special, Excel/PPT object or Enhanced Metafile). Only include the data of interest (e.g. with diabetes), not all data points (e.g. without diabetes, borderline).

9. Be careful that the data you use is stable (no red stars in AskCHIS). If it is not, try combining years or collapsing categories to increase you sample size to get a stable estimate.

10. Be sure any recommendations at the end are directly related to the issues you cover in the brief. For example, if you talk about the relationship between food insecurity and diabetes, do not recommend better medical care (since better medical care would not obviously help the food insecurity and diabetes relationship). Instead talk about food stamps, income, senior meal sites, or something that relates directly to food insecurity.

11. Use nontechnical language (say disease rather than morbidity, for example).
General guide to life-history write-up

There is no single "right" way to construct this paper. The goal is to draw on your three interviews and the transcribed interviews from the others focusing on your group to describe some of the themes in the lives & health of the elderly. The papers should:

* be 12-15 pages (not including bibliography), double spaced
* Include references from class readings where appropriate

A general outline of the paper may look like:

1) Introduction (1-2 pages). This section should provide some information about why your population or topic is significant (i.e. the motivation for the analysis; why should someone care?). The rationale for the paper can be based on demographics, social justice, an academic/theoretical issue of controversy, or some other basis. This is also where you can provide any general background that may be useful (historical, conceptual, etc).

2) Methods [1 page; optional] Describe how you obtained respondents, briefly summarize the characteristics of the respondents (age range, gender, educational range, etc.), and describe how you identified themes in the data (be sure to cite appropriate methods references from required readings).

3) Themes from interviews: For this type of paper, 2-3 themes are appropriate to develop. This should be the bulk of the paper (8-10 pages). In going through the interviews, look for common issues that cut across respondents that seem to be important issues in their lives. We cover many issues during the quarter such as: gender, health status, immigration, religion, work history/economic opportunities, ethnic identity, race relations, family, community, definitions of old age/aging, social support, long-term care, etc. Organize your discussion around the themes, drawing examples from the interviews to illustrate your points. Do NOT simply summarize individual by individual. Avoid "quantitative" language in this qualitative analysis. The number of individuals with a particular trait or pattern is less important than the processes, relationships, meanings, patterns, and types of experiences that the interviews talk about. Be original and creative and explore issues. If you want you can argue whether or not you think your findings are special to your group (i.e. is a desire for independence or health unique to Latino elderly? Explain why you think this. If it is not, is there anything special in the lives of Latinos that affects this desire for independence?).

4) The assignment requires you to also work into your paper a discussion of structure versus culture in the lives and health of these elderly. You can do this either by including it as an issue you raise in looking at the themes in #3 (i.e. what are the relative influences of structural forces & cultural patterns in the ethnic identity of these elders, etc.), or you can save the discussion for the concluding section where you can spend a page or so discussing what and/or how structure & culture cut across various themes in the interviews.

5) Be sure to have a concluding section that ties the paper together. If you discuss the structure/culture issue in the themes section, the conclusion will be shorter (could be as short as a few paragraphs). Use your last paragraphs to bring closure to the ideas you discuss and raise implications of those ideas for other issues you feel are important. This can also include implications for practice: if older adults see health as a family and not individual concept, how would that change health promotion programming? (Think of writing as you would writing a story... you have to set up the story in the beginning, it unfolds, and there is a resolution or something that ties it all together at the end. Also, a story has to have a thread that ties it all together. A series of interesting scenes doesn’t make a story. A series of themes alone doesn’t make a complete paper, either, it’s the underlying conceptual or analytic “story” that pulls it together.)
Some Basic Style Rules for Final Paper

1. Please type your paper, double space, 12 point type. Leave approximately 1” margins and number the pages.

2. Include a title page with your name, assignment title, and course number. On the paper itself include page numbers but do not repeat your name (if you want to use a running head, use the paper topic).

3. Be sure to cite the source of your ideas and data that come from material you have read. You need the citation whether you are using a direct quote or not. Include a bibliography of works cited within the paper. See #10 style below.

4. ALWAYS cite required class readings where appropriate.

5. Avoid using the passive voice. Money has been raised to solve problems of the elderly (passive voice). The community raised money to solve problems of the elderly (active voice).

6. Avoid the "royal we." If you alone did something, say "I did it."

7. Avoid gendered language when you are speaking generally. E.g. "humanity" for mankind, "people live longer" vs. "man lives longer," and “health personnel” or workforce vs. “health manpower.”

8. Use descriptive subheadings to help guide the reader through the text and ease transitions between topics.

9. Make sure you have followed the instructions for the paper fully. If the directions say to "compare and contrast," be sure that you have a section comparing, and another contrasting.

10. **STYLE**: If you are already familiar with a standard academic style (e.g. APA), you can follow those guidelines. If you are unsure about style, there are several excellent reference works, including:

   ♦ the Chicago Manual of Style is the most comprehensive
   ♦ The Elements of Style by Strunk & White is the most common short work
   ♦ the American Psychological Association style manual is comprehensive and commonly used in psychological and medical writing
   ♦ You can also look at any journal, like the Gerontologist or AJPH, to see how they format articles. The last page of most journals gives a brief description of how to format citations.

   Whatever style you follow, **be consistent**.